MAXIMUS Federal Services

Case Number:	CM14-0195214		
Date Assigned:	12/02/2014	Date of Injury:	08/10/2014
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year old male experienced an additional work related back injury, reported on 8/10/2014, resulting in severe back pain. The original work related injury stemmed from a motor vehicle accident (MVA) back in 12/2011; followed by 2 more reported back injuries on 11/2012 and 12/2012. Diagnoses include degenerative disc disease at lumbar (L) 4-5 and L5-sacral (S) 1 with herniated disc; small disc at L4-L5 with an annular tear; and small central disc at L5-S1 with narrowing. Treatments have included consultations; MRI imaging (9/5/2014); and medication management. Progress notes, dated 10/10/2014, note subjective complaints, since this latest injury, of chronic back pain with numbness and pain in his feet which are cold when he awakens, and that he has to warm them up. Objective findings note marked limitation in range of motion; no sensory abnormalities; adequate extension; normal reflexes with no pathologic reflex or clonus and that he is slow to ambulate or move due to pain. It is noted that this injured worker (IW) has not had any formal treatment or therapy since this accident; he was prescribed Vicodin for pain and is taking Naproxen; epidural injections were requested but declined. Recommendation was for immediate physical therapy and that if this was not successful, then for the IW to have either epidural or facet injections. It is noted that since this last injury the IW has been unable to return to work due to his back pain. Further records on this date note that this IW has low back pain with radiculopathy and bilateral leg weakness with numbness and tingling, and states multiple recommendations that include: hot-cold packs; massage; UTZ; kinetic work to increase ROM and strength; stretching techniques and exercises; home exercises; active & resistance exercises; muscle strengthening exercises; and physical therapy (PT) 3 x a week for 6 weeks. The doctor stated that further treatment would follow based on these results.On 10/27/2014, Utilization Review modified a request for PT 3 x a week for 6 weeks, to be medically necessary for PT 3 x a week for 4 weeks, stating that range of motion was not

restricted, that the IW was dispensed a lumbar support, and that he was referred to PT. The initial diagnosis was for lumbar sprain/strain and the IW was taken off work. This review goes on to state findings from progress and consultation notes, that included Orthopedics and Neurosurgery, with dates of 8/19/ 2014, 8/22/2014 and 9/12/2014 that are not available to me for my review. The 8/12/2014 notes reported to state that the IW attended 2 PT sessions. The 9/12/2014 report from the orthopedist was noted to have stated that the MRI showed multi-level disc protrusions that included abutting bilateral S1 nerve roots, and that a TFESI was recommended. ACOEM and ODG guidelines for PT were cited and showed that 8-12 PT sessions were recommended for this type of injury and that it was unclear as to why this IW had only attended 2 sessions. It did not appear the IW had attended any more. Due to the delay, 12, not the requested 18, PT sessions were recommended and certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3 times a week for 6 weeks for the lower back area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines (lumbar)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Physical therapy 3 times a week for 6 weeks for the lower back area. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.